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AUTHOR Kauth, Michael R.
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ABSTRACT

Education is a central component of Mental Illness Research, Education, and Clinical Centers (MIRECCs) of Veterans Affairs. This paper focuses on the many components of education at the national level. The mission of the MIRECC initiative is to integrate all forms of scientific research and to quickly translate innovative findings and treatments into standard clinical practice. The centers' three basic goals are to partner with clinicians and investigators; inform or teach veterans, their families, clinical providers, and administrators; and to improve delivery of mental health care. On the local and regional level, MIRECCs publish newsletters, host regional conferences, and promote the development of innovative patient and treatment materials. National initiatives are beginning with conferences focusing on the needs of aging veterans. The National Education Groups works closely with a newly established postdoctoral fellowship program. To effectively improve the quality of care within the entire VA system will require more of this integrated, multidimensional approach. With the additional support added by Congress, the quality of the service delivery system has a chance to be greatly improved for all veterans. (JDM)

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by

Michael R. Kauth

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The Role of Education in the MIRECCs

Michael R. Kauth, Ph.D.
Associate Director for Education, South Central (VISN 16) MIRECC
Coordinator, National MIRECC Education Group

Veterans Affairs Medical Center – New Orleans
Department of Psychiatry & Neurology, Tulane School of Medicine

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Education is a central component of the Mental Illness Research, Education, and Clinical Centers (MIRECCs). Education is the means by which research findings are disseminated and translated into standard practice. In order to effect change within a huge system of care like the VA, this requires multi-dimensional interventions from the local to the national level.

I want to talk briefly about the variety of educational interventions undertaken by MIRECCs but I will focus most of my comments on education at the national level.

The mission of the MIRECC Initiative is to integrate all forms of scientific research and to quickly translate innovative findings and treatments to standard clinical practice – that is, effect change in patients, clinicians, and the system of care.

Thus, three basic tasks for MIRECC Educators are to partner with clinicians and investigators; inform or teach veterans, families, clinical providers and trainees, and administrators; and improve delivery of mental health care.

Each MIRECC is engaged in these tasks from slightly different perspectives: Each MIRECC has a different theme and approach – from basic science to applied research, from disorder specific to a focus on service delivery. Other significant differences distinguish each MIRECC, such as expertise in particular disorders or methodologies, number of health care

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facilities in one's Network, availability of services, patient characteristics, administrative support, and geography. The real success of the MIRECC Initiative will be in its ability to pool its diverse talent base and function collectively.

Individually, at the local and regional level, MIRECCs have partnered with clinicians and investigators, stimulated research, and informed our constituents through conventional and novel approaches. For example, ...

Four MIRECCs publish regular newsletters that are widely distributed in hard copied or electronic formats to regional staff (including outpatient clinics and Vet Centers), research groups, advocacy groups, and VA Network administrators. (VISNs 4, 5, 16, 22).

All MIRECCs have web pages and two operate their own web sites (VISN 21, 22): the web sites offer a wealth of online patient and treatment materials, as well as educational opportunities. Nearly all MIRECCs have contributed their own video and textual materials to these two web sites.

All MIRECCs host regional conferences for frontline providers that feature national experts on a variety of topics, such as improving functional outcomes for patients with psychosis, suicide prevention, depression in primary care, involving families in PTSD treatment, racial disparities in the treatment of schizophrenia, treatment algorithms, community rehabilitation, etc.). These conferences represent unique educational opportunities at minimal or no cost to VA employees – opportunities that were not previously available. Furthermore, these conferences draw participants from neighboring Networks.

Several MIRECCs also conduct regular case conferences or provide consultation services through video- or teleconferencing. MIRECCs in VISN 3, 20, 21 & 22 make extensive use of video technology as teaching tools.

Several MIRECCs now promote the development of innovative patient and treatment materials through small competitive grants to frontline clinicians. For example, the Clinical

Education Grants Program in VISN 16 has culminated in several high-quality products for patients and families – such as, a videotape about PTSD symptoms and treatments, a video on group treatment for chronic pain management, a CD-ROM to teach management skills to dementia caregivers, and a 14-session workshop manual for families of veterans with chronic mental illness. These products have been widely distributed within our Networks and are increasingly available in non-MIRECC Networks. The success of this program has spawned similar ones in VISN 3, 5 & 20 MIRECCs.

More research focused, Clinical Demonstration Projects are underway in several MIRECCs. Later in this program, Dr. D'Andrea (VISN 21) will discuss a Demonstration Project in more detail.

Up to this point, I have described local or regional interventions. Now, I would like to describe MIRECC educational activities at the national level. It is at this level that the MIRECCs tap into an expansive knowledge base, sharing innovative interventions and broadening their influence on the system of care.

One of the primary means by which MIRECCs communicate with each other and share information is through the National MIRECC Education Group. This Group is comprised of Directors of Education from each MIRECC. As a body, the Education Group facilitates sharing of experience, information, and materials; fosters collaboration; and promotes a national MIRECC voice.

Through monthly conference calls and frequent email exchanges, the Group shares education materials and products developed locally; we share scientific expertise; and we share practical experiences about conducting regional conferences and videoconferenced meetings, which greatly sharpens the learning curve.

Last year, the Group began publishing a semi-annual, glossy newsletter, which showcases exceptional research and education accomplishments and illustrates how new treatment findings are improving clinical care for veterans. This is one of the more public tools that we use to

disseminate information. The Fall 2000 and Spring 2001 newsletters reached more than 1000 key policy makers, including VA medical center and network administrators, academic affiliates, consumer advocacy groups, professional mental health organizations, and key congressional representatives. This informative newsletter has received strong positive national attention. The Fall 2001 issue will feature the South Central MIRECC (VISN 16) and the Desert Pacific MIRECC (VISN 22).

In Spring 2001, the MIRECCs held their first national meeting at a conference hosted by VISN 3 (New York). The program focused on mental health in the aging veteran and was co-sponsored by the VISN 3 Primary Care Service and the Geriatric Research Education and Clinical Center. More than 270 clinicians from a variety of disciplines attended the conference. Owing to the success of this meeting, the Education Group is planning a national conference in 2003. This conference will also partner with a section of medical services, as well as researchers and consumers.

In addition, the National Education Group has worked closely with the new Post-doctoral Fellowship Program, directed by Dr. O'Hara. Six of the eight MIRECCs have two-year Fellows in both Psychology and in Psychiatry. This is truly an integrated, national program with a common core curriculum and collaborative activities.

To summarize, I have described levels of educational interventions in mental health care that frankly did not previously exist in the VA or, where they did exist, were relatively weak or isolated. The targets of these interventions range from veterans and their families at local facilities, to Network administrators, to the entire VA health care system and Congress and everyone in between.

Attempting to improve the quality of mental health care delivery at any one of these levels is an enormous task. Of course, these levels function together within the system, and to effectively improve the quality of care within the entire VA system necessitates an integrated, multi-dimensional approach.

One of most exciting aspects about Mental Health care at this moment is that Congress, by funding MIRECCs, has given the VA the opportunity to significantly improve not only specific mental health treatments but also the quality of service care delivery. The Education Cores of the MIRECCs are charged with disseminating new findings and providing training, thus, positioning them as a Bridge between the scientist, practitioner, administrator, and health care system.